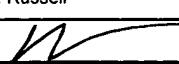


**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37CFR§1.53(b))

Attorney Docket No.	7146.0163
First Inventor or Application Identifier	Li, et al.
Title	PROJECTION SYSTEM
Express Mail Label No.	EL 915419629 US

22240 U.S. PTO  
10/630823  
07/29/03

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Commissioner for Patents & Trademarks ADDRESS TO: Box Patent Application Washington, D.C. 20231			
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)				
2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	Total pages 25	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer readable copy</li> <li>b. <input type="checkbox"/> Paper copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>			
ACCOMPANYING APPLICATION PARTS					
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)	Total Pages 10	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
4. Oath or Declaration	Total Pages 3	8. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>when there is an assignee</i>			
9. <input type="checkbox"/> English translation document ( <i>if applicable</i> )					
10. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO 1449 <input type="checkbox"/> Copies of IDS Citations					
11. <input type="checkbox"/> Preliminary Amendment					
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>					
13. <input type="checkbox"/> *Small Entity Statements <input type="checkbox"/> Statement filed in prior application. (PTO/sb/09-12) Status still proper and desired.					
14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>					
15. <input type="checkbox"/> Other					
*Note for Items 1 & 13: In order to be entitled to pay small entity fees, a small entity statement is required (37 CFR §1.27), except if one filed in a prior application is relied upon (37 CFR §1.28).					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment					
Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application _____ Prior application information: Examiner _____ Group No./Art Unit _____					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label	(Insert customer number or attach bar code label here)				
Name	Kevin L. Russell				
Address	601 SW Second Ave., Suite 1600				
City	Portland	State	OR	Zip Code	97204-3157
Country	USA	Telephone	(503)227-5631	FAX	(503)228-4373
Name (print type)	Kevin L. Russell		Registration No. 38,292		
Signature			Date July 29, 2003		

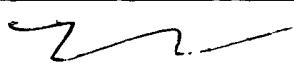
1049 U.S. PTO  
07/29/03

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete If Known

Application Number	
Filing Date	Concurrently herewith
First Named Inventor	Li, et al.
Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37CFR 1.27	Art Unit
TOTAL AMOUNT OF PAYMENT	\$2,716
Attorney Docket No.	7146.0163

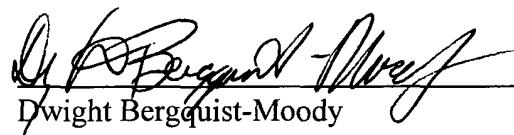
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 03-1550 Deposit Account Name Chernoff Vilhauer McClung & Stenzel				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Large Entity	Small Entity														
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
FEE CALCULATION															
1. BASIC FILING FEE															
Large Entity		Small Entity		Fee Description	Fee Paid										
Code	(\$)	Code	(\$)												
1001	750	2001	375	Utility filing fee	750										
1002	330	2002	165	Design filing fee											
1003	520	2003	260	Plant filing fee											
1004	750	2004	375	Reissue filing fee											
1005	160	2005	80	Provisional filing fee											
<b>SUBTOTAL (1)</b>				\$750											
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE															
Total Claims		Extra Claims		Fee from below	Fee Paid										
Indep. Claims															
Multiple Dependent															
Large Entity		Small Entity		Fee Description											
Fee Code	(\$)	Fee Code	(\$)												
1202	18	2202	9	Claims in excess of 20											
1201	84	2201	42	Independent claims in excess of 3											
1203	280	2203	140	Multiple dependent claim, if not paid											
1204	84	2204	42	**Reissue independent claims over original patent											
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent											
<b>SUBTOTAL (2)</b>				\$1,926											
* or number of previously paid, if greater. For reissues, see above.															
SUBMITTED BY <span style="float: right;">Complete (if applicable)</span>															
Name (print type)	Kevin L. Russell		Registration No.	38,292	Telephone	(503) 227-5631									
Signature					Date	July 29, 2003									

**CERTIFICATE OF MAILING  
BY EXPRESS MAIL**

Express Mail No.: EL 915419629 US

Date of Deposit: July 29, 2003

I hereby certify that the patent application attached hereto entitled PROJECTION SYSTEM, Li, et al., inventors, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to the following: Mail Stop Patent Application, The Honorable Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Dwight Bergquist-Moody